DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2017 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER WHITE OAK OF WAXHAW SIMMARY STATEMENT OF DEFICIENCES TO HOW IMMER ROAD WAXHAW, NO. 28173 SIMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY (BLISC ID-INTERVING IN-COMMAND). R 000 INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a), using the 2000 New Health Care section of the LSC and list referenced publications. This building is Type V(III) construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count = 100 Census = 96 The deficiencies determined during the survey are as follows: White Day the provider of the survey are as follows: Automatic sprinkler system supervisory and as continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1. NPPA 72 This STANDARD is not met as evidenced by: 42 CCFR 483.70(a) Based on observations, on 08/16/2016 at approximately 10:30 AM orward, the following deficiencies were note: The standard was non-compliant, specific findings include. The sprinkler tampers supervisory yieldence with the provisory signals shall not be silenced permanently except by reppening/restoration of the valve. STANDARD Is not met as evidenced by: 42 CCFR 483.70(a) Based on observations, on 08/16/2016 at approximately 10:30 AM orward, the following deficiencies were note: The standard was non-compliant, specific findings include. The sprinkler tampers supervisory signals shall not be silenced permanently except by reppening/restoration of the valve. On 08/12/16, Modern Systems serviced	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>'</i>	PLE CONSTRUCTION G 01 - BLDG 1	(X3) DATE SURVEY COMPLETED		
WHITE OAK OF WAXHAW PREFIX SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY TRUL TAG PROFITE ACTION SHOULD BE CANDELLED AND PREFIX TAG PREFIX TAG PROFITE ACTION SHOULD BE CANDELLED AND PREFIX TAG K 000 INITIAL COMMENTS	345550			B. WING _		08/16/2016		
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) PROPRIATE REGULATORY OR ISC IDENTIFYING INFORMATION) PROPRIATE REGULATORY OR ISC IDENTIFYING INFORMATION) PROPRIATE REGULATORY OR ISC IDENTIFYING INFORMATION) REGULATORY OR ISC IDENTIFYING INFORMATION REGULATORY OR ISC IDENTIFYING INFORMATION					STREET ADDRESS, CITY, STATE, ZIP CODE 700 HOWIE MINE ROAD			
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conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type V(III) construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count =100 Census =96 The deficiencies determined during the survey are as follows: K 061 NFPA 101 LIFE SAFETY CODE STANDARD SS=E Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 08/16/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve.	K 000	INITIAL COMMENTS		K 0	00			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	SS=E	This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type V(III) construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count =100 Census =96 The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 08/16/2016 at approximately 10:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: The sprinkler tamper supervisory signal could be silenced permanently. Supervisory signals shall not be silenced permanently except by		KO	White Oak of Waxhaw ensures that automatic sprinkler systems supervise attachments are installed and monitor for integrity, and provide a signal that sounds and is displayed at a continuous attended location or approved remote facility when sprinkler operation is impaired.	ory red pusly		

Electronically Signed 08/31/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG 1		(X3) DATE SURVEY COMPLETED	
		345550	B. WING		08/	16/2016
NAME OF PROVIDER OR SUPPLIER WHITE OAK OF WAXHAW			STREET ADDRESS, CITY, STATE, ZIP CODE 700 HOWIE MINE ROAD WAXHAW, NC 28173			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 061	Continued From page 1 Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.2.1 NFPA 13distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system." NFPA 9.7.2.1supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler systemSupervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.		K 06	facility and disabled silencing mechanism on sprinkler panel. Modern Systems will test quarterly, with their contracted quarterly sprinkler checks, that silencing mechanism is disabled. Environmental Service Director will ensure ongoing compliance.		
K 144 SS=E	referenced increases due to fire and/or smo NFPA 101 LIFE SAFE Generators inspected under load for 30 min in accordance with NI 3-4.4.1 and 8-4.2 (NF 110) This STANDARD is r 42 CFR 483.70 (a) Based on observation	minimum standards as the risk of death or injury oke. ETY CODE STANDARD weekly and exercised utes per month and shall be FPA 99 and NFPA 110. PA 99), Chapter 6 (NFPA not met as evidenced by:	K 14-	White Oak of Waxhaw ensures that it' generator is inspected weekly and exercised under load for 30 minutes permonth.		9/7/16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION BING 01 - BLDG 1			(X3) DATE SURVEY COMPLETED	
		345550	B. WING			١٠٥	08/16/2016	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADD	DRESS, CITY, STATE, ZIP CODE	•		
WHITE OA	AK OF WAXHAW			700 HOWIE MINE ROAD				
	Г			WAXHAW, NC 28173				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETION DATE	
K 144	deficiencies were not non-compliant, specir emergency generator the building has no relocated outside the grant Reference NFPA 101 level 2 installations si stop station of a type station located outside prime mover, where selsewhere on the premover is located outside. This deficiency affect Failure to comply with	ted: The standard was fic findings include: The r located on the exterior of temote manual stop switch enerator set location. 10, 3-5.5.6 All level 1 and hall have a remote manual similar to a break-glass let he room housing the so installed, or located emises where the prime side the building. The dedentire facility. The minimum standards as as the risk of death or injury	K 1	Follow Enviro Genera manua schedu Enviro continu genera	ving Life Safety Inspection, onmental Service Director confector Services to install remote al stop switch. Generator Servuled to install switch on 9/7/16 onmental Service Director will ue to perform required testing ator every Tuesday, and will me manual stop switch as required.	of nonitor		